



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

## IN PREPARATION FOR THE NEW YORK STATE EXAMINATION

By JANE E. HITCHCOCK, R.N.

*New York, N. Y.*

Examination for state registration has become an established and accepted fact. Women who enter New York training schools are prepared for the fact that they must satisfactorily meet an examination at the termination of their training before they are qualified to practise their profession.

This final state examination has many features that tend to make it trying both for the nurse to be examined and for those whose duty it is to conduct the test. The profession itself and the demands upon it are changing almost from month to month. What was an accepted theory last year is obsolete in this. And this change is not uniform throughout the state. New thought affects at first only the immediate vicinity. A community, a school, a hospital may thrill with a new idea of which the outside world gets hardly an inkling. In a science, like that of nursing, that is steadily advancing these new ideas are hardly reported to the world at large before fresh ones crowd in and jostle them out of the lime light. This changing feature has a serious effect upon nurses in training. Much of the impression of treatment, for instance, that comes to a pupil nurse reaches her through the orders of the attending physician. His methods may be quite at variance with those of a doctor, who, in a distant part of the state, is in his turn sharing in the impression given to other nurses. How to keep before the consciousness of the nurses the idea of the salient, underlying principles through all of this diversified application is difficult. Instructors must bear this in mind and train their pupils to get at the core of the truth and not confuse it with the mere method of an especial form of application of the principle.

Another, and perhaps the largest handicap, is the great volume of work involved in an examination like that, for instance, in New York, of over half a thousand women. In a small group personal consideration may be given but in a big examination the disadvantages in dealing with large numbers must be recognized. Individuals should be trained to meet this disadvantage and to set their answers down in such a way that the attention of the reader may be caught by the point that is being made. She should not be compelled to wade through

## Preparation for the New York State Examination 1173

wordy, rambling answers when a short, concise one would be equally correct.

May I take the liberty of suggesting to instructors that they bear these facts in mind, and may I at the same time offer the following points as indicative of a way to fit their pupils for the ordeal of the state examination?

The New York State Board of Examiners prepares fifteen questions in each subject. The examinee is instructed to answer any ten of these according to her choice and she is marked on these ten only. No credit is given to any answers in excess of this number and, furthermore, the answers are considered in the order in which they appear on the sheet. Any answers over and above the first ten are blue-penciled without being read. It has occasionally happened, to the regret of the examiner, that a superfluous answer was correct and might have raised the total percent if it had been given among the first ten.

The ruling of the New York State Department of Education with regard to the percent of subjects is lenient. Failure in one subject is allowed provided it is rated at 50 per cent or over. Failure in two subjects is permitted if the general average of all subjects is 75 per cent or over. If there is failure in three subjects the examination is considered lost for that time, but these three subjects may be passed up at a subsequent examination. Failure in four or more subjects involves the retaking of the whole examination and a mark under 50 per cent discredits the entire examination.

These rulings are generous, yes, ridiculously so and yet many nurses find great difficulty in getting safely through the ordeal. It is incredible that nurses do not know more than sometimes appears at these tests. Their three years of training and experience alone must have taught them much that can not be extracted from books, and their class and lecture work must have assisted in classifying these facts and experiences in logical order. Where then, is the stumbling block? Is it possible that instructors may be failing to familiarize their classes with the form and manner of such an examination as that which they must pass before they can secure state registration? Are they attempting to fill their minds with facts and failing to develop in them the power of expressing these facts in understandable terms? Have we failed to recognize that we are dealing as a whole not with college graduates or even those who have finished a secondary training? We grant registration to nurses who have had only one year of high school as preliminary general education, and ask them to deal with subjects the underlying purport of which can be understood only by the adult mind. Do we realize that under these conditions there

is much more to be done than simply to fill their minds with facts? A woman who has had the advantage of years of mental drill in class or lecture room sees no great terror in a written examination; but there are enormous difficulties for a woman of twenty-one years of age who has had no mental training since she finished the first year of high school at which time, even under the best of circumstances, she was only beginning to accustom herself to the ordeal of a written examination. Such a woman finds herself handicapped when she tries to set down on paper in clear and comprehensible language the knowledge that she has in part acquired through the channel of practical experience. Many a woman who has profited by the instruction in training school, and who has applied it to her every-day experience nevertheless is at a great disadvantage when she attempts to put this knowledge in writing in the definite and possibly terrifying form of a Regents' examination. As the standard of preliminary education is gradually raised this situation will disappear in inverse ratio. At present, however, we have to reckon with the truth that we have adults with the mental training of girls of sixteen submitting themselves to examinations in subjects that are adapted to adult minds. The schools are fortunate that are able to demand preliminary standards, and for them these words have no message. We are in this article concerning ourselves for the sake of the hundreds of women who are graduating each year in New York state and who, fulfilling the minimum requirements of age, experience and schooling are attempting to take up the class work of the training schools and the final test of the Regents' examination after their school books have been closed for years. I fancy that I hear an overworked superintendent gasp, "It is difficult to find time for the present schedule of class work! How can we possibly go back of that and give the mental drill that these words imply?" There is no doubt that the suggestions which follow if carried out will involve labor and careful planning, but the situation is of our own making through our demands for higher training, and it is our duty to offer all possible assistance to the women who have trusted themselves to our methods of teaching.

Passing over the consideration of the subjects in detail let us consider the following points in their relation to the examinations:

1. Familiarity with the forms of a written test.
2. Conciseness of expression.
3. Logical sequence in expression.
4. Definiteness in expression.
5. Practical demonstrations with modern methods.
6. Practical demonstrations with partially obsolete methods.

## Preparation for the New York State Examination 1175

1. *Familiarity with the forms of a written test.* We would urge frequent written tests following the form of the Regents' examinations. Present a large number of questions from which the pupil may select a desired number. In this way the pupils will be experienced in determining rapidly what questions to attempt and what to turn aside. Valuable time is likely to be lost in the bewilderment of selecting the questions to be attempted. Particularly will this be so to one who is accustomed to answering all questions presented.

2. *Conciseness in expression.* Try to train the nurses to avoid the use of over many words. Too many words obscure the meaning. Conciseness aids in just estimation of the writer's meaning, and takes much less time on the part of the writer. A more or less tabulated form is quick and concise and there can be no confusion as to the meaning. For example let us take the question, "Give three symptoms of internal haemorrhage." In answering this question a nurse should give three and only three symptoms even though she may be able to recollect a dozen more, and these three should be the most important ones. The first three only will be considered by the reader. A concise and correct answer to this question would be:

1. pulse, rapid; 2. skin, clammy; 3. restless.

One nurse gave the answer in full as follows: "The nurse notices that her patient's pulse becomes weak and rapid; he grows restless and tosses about the bed; he complains of being cold and he feels damp." The latter answer is just as correct as the former but no more so and has this disadvantage when being rated, that it is easy to overlook a point when that point must be culled out from amidst many unnecessary words. One of the best answer papers on bacteriology and surgery in the recent examination covered only two sheets. Another forced the examiner to wade through eight pages of useless words to find the meat in the answers. If there were six papers to rate these items would seem less important for more individual consideration could be given to each. At present we are discussing the methods of training for an examination adapted to a large group.

3. *Logical sequence in answers.* In rating answers examiners must take logical sequence into consideration. The obviously important item should take precedence and the others follow in the order of their importance. Let us consider a question in a recent examination. "In what ways may medicines be administered in order to insure their most rapid absorption? Write, "Infusion, hypodermically, stomach, rectum, skin" if these are the points you wish to draw out. Do not say, "stomach, hypodermic, rectum," etc. There is little doubt but that any trained nurse in emergency would, instinctively and with-

out hesitation, know just how to get the drug home most rapidly. She must however when fitting herself for an examination learn how to express that instinct on paper in a way that will be perfectly clear to the examiner.

4. *Definiteness in expression.* Much trouble comes from blind answers. Question 4 in Materia Medica in the examination of June, 1915, read, "If you had a drug in a bottle marked  $m x = \text{gr. } 1/80$ , how would you estimate a dose of  $\text{gr. } 1/25$ ?" One nurse wrote, "Multiply by your minims  $x$  and divide by dose." It is quite possible that this nurse would have worked the problem out correctly but how could the reader give it any consideration?

The following hackneyed, meaningless phrases are almost worse than no answer at all. "Watch the patient carefully." "Follow the doctor's orders." "Watch pulse." One group of nurses persistently answered the question, "What is asepsis?" by saying "Asepsis is the well earned reward of faithful disinfection." Evidently the lecturer in an unguarded moment had tripped into giving this catchy phrase. That it was never intended to be taken as a full definition was made clear by the answer of one of the group, who wrote, "Asepsis means without germs. It is sometimes defined as the well earned reward, etc., etc."

5. *Practical demonstrations using modern methods.* The test in practical work is considered both the most important and the most difficult to conduct satisfactorily. It does not follow that the woman who can write the best paper in theory is therefore the most acceptable in the sick room. I am confident that each of us has had personal experience with some non-graduate nurse whose gentleness, solicitude, skill, and deftness have made her an invaluable assistant in the home where sickness was present. We also have had experience with some thoroughly educated, registered nurse whose personality was irritating and whose fingers seemed all to be thumbs, but who could give a clear definition of any medical term and who could prove positively that the thing she wished to do was the most logical and altogether the only thing for the good of the patient. At the same time we were supremely conscious that less logic and more nursing would help the situation. These facts we know all too well, but I beg of you not to misunderstand me. We do not want less logic, less theory. We want more of the right sort. If theory is the science of the principles that underlie practice and if practice is the carrying out of these principles in their logical application, then, in order to make our cycle perfect, we must develop both our theory and our practice to their highest degree. The

## Preparation for the New York State Examination 1177

ideal nurse, the super-nurse, will combine education, skill and personality in their perfection.

The question before us is that of examination, how to measure qualities when deciding the fitness of a woman for this profession. Theoretical knowledge can, to a certain degree, be tested through the medium of an examination. The more subtle qualities of personality, gentleness, compatibility, and that elusive something that inspires immediate confidence, cannot be weighed by any known system of examination. However, some estimate of the more tangible qualities of deftness, accuracy, imagination, resource may be formed through the medium of the practical test. It is not necessary to call attention to the fact that an habitually untidy nurse declares herself in her class at the first step of a practical demonstration. With almost the first flick of the undersheet, deftness is declared, and before it is well in place the trained observer has a very definite impression of accuracy and can tell to a nicety whether the bed will be finished with neatness and dispatch. Deftness, neatness, quickness, accuracy, these qualities are demonstrable; but how about the others we have mentioned, imagination, sensitiveness, resource, initiative, more elusive but not without importance? How are they to be gauged? Through the practical test. They are laid bare before the eyes of the examiner with much more clearness than might be supposed, and it is because of their possibilities that much of the importance is attached to this practical demonstration.

To pass a practical examination successfully the imagination must be brought into play. As imagination is a valuable asset to a nurse, it is worth while for more reasons than simply the ordeal of the examination to spend time in its development. I have known a nurse to so successfully imagine the dummy to be a real patient that she even took the temperature of the day into consideration when preparing the blankets for a bath. The technique in handling culture tubes, swabs and tongue depressors can be effectively demonstrated with the aid of a little imagination even though the throat must be represented by a tilted china cup. Nurses who have had some preliminary experience in the exercise of their imaginative faculties are less disturbed by this element in the final test. Then there is the question of resource. How is it possible to bring out this quality in a pen and ink examination? And yet what more valuable gift to a nurse in a tight place? The one who made an ice-bag for a mastoid out of her own kid glove proved her claim to a resourceful mind.

In like manner sensitiveness and initiative are incidentally dis-

played by a demonstrator, all unconscious of the truths she is telling about herself.

6. *Practical demonstrations of partially obsolete methods.* To one more practical point we wish to call attention for the sake of those who are fitting nurses for this especial registration examination. There are certain methods of procedure that are now obsolete in some of the advanced hospitals and yet are used in general practice to an appreciable degree. I refer to such treatments as dry-cupping, poulticing, sweat baths, etc., etc. There are also experiences that are frequently lost in large, highly organized institutions: viz, the making of per cent solutions from a common stock, computing doses from tablets or pills, making mustard plasters and many other sick-room undertakings. Experience in these procedures must be gained in the class room if the medical staff has ceased to use them in the wards, for they are things often of infinite value to a nurse in after life. They can be taught in the class-room, if not adequately, still with result, as we can testify. "I have never seen cupping in the ward" said a nurse to me, "but I recall that our instructor gave us a lesson on it." She took the cups in her hands and carefully thought out the process. Her movements were slow and lacked the assurance that comes through practice, but her understanding of the principle was evident and I had no hesitation in giving her full credit for the question. Her intelligent action assured me that she would not stop there but that she would acquire all that was needed for the effective performance of the act with as much comfort to the patient as was possible.

A great draw-back to the practical demonstration is the old fashioned bug-a-boo, stage-fright. Nurses who carry themselves with self control and dignity in any emergency of the ward or operating room seem to lose all balance when they appear before the examiner. This will never do. We expect the nurse who is to be the guide in grave matters of life and death importance to be so conscious of her ability to cope with the situation that self consciousness, the basis of stage-fright, can find no loop-hole for entrance. What can the training school do to help the pupil over this stumbling-block? Might not this difficulty be overcome in part by frequent demonstrations in unfamiliar surroundings, and supplied with unfamiliar utensils? The phraseology of the accustomed instructor should be exchanged for that of a stranger if the experience would be made most valuable. Possibly instructors of different schools might exchange for the event or, better still, the class might be sent to the instructor and be examined on alien ground. If such an exchange could be effected once or twice a year it would



## Preparation for the New York State Examination 1179

help the nurses to keep their poise and to do themselves justice at the state examination.

A last and very important point is to let the nurses understand once for all that the examiners have no one procedure in mind. There are, I was about to say, as many ways of making a bed as there are nurses to be examined. The only requisite from the standpoint of the examiners is that the act shall be done with skill, thoroughness and comfort to the patient, and with no unnecessary shock or exposure. It is to such points as these that the attention of the examiner is directed.

---

**NITROUS OXIDE IN CHILDBIRTH.**—In a paper in the *Medical Record* the writer observes that he has not been able to ascertain a single danger to mother or child in nitrous oxide analgesia. It is an efficient means of relieving the pain of childbirth, its use makes more efficient the expulsive powers during the second stage, thereby shortening labor; by decreasing fatigue it hastens the convalescence in the puerperium; it can be given efficiently in the home and is within the reach of even those of limited means.

**THE BACILLUS EPILEPTICUS.**—A writer in the *Journal of the American Medical Association* says that epilepsy is an infection depending upon a specific spore-bearing organism. As it invades the system through the alimentary canal, constipation is a very essential factor in the causation of epilepsy.